

SEE REVERSE SIDE FOR INSTRUCTIONS

1. ☐ STAMP RENEWAL ONLY

2. FEIN/SSN:

3. "STAMP MAIL TO" ADDRESS: (street and number)

4. City: 5. State: 6. Zip Code:

7. Business Telephone:

8. HAS YOUR ADDRESS CHANGED? ☐ Yes ☐ No If Yes, draw a line through the incorrect information and enter the correct address information on lines 10-13 above. Use "Stamp Mail To" box above for stamp mailing address.

9. Partners or Corporate Officers: Partnerships and Corporations only. (Attach additional pages if necessary.)

Name: Title:

Name: Title:

10. (a) U.S. Department of Transportation Census Number Below:

FOR OFFICIAL USE ONLY

FRANCHISE FEE (STAMP ORDER) AND FILING FEES.	Month	Day	Year	Quantity	Unit Cost	TOTAL
11. EXEMPT INTERSTATE "BINGO" STAMPS. Expiration Date:	12	31				
12. INTRASTATE [CAB CARDS] Expiration Date:	12	31				
13. INTENTIONALLY LEFT BLANK						
14. Annual Re-registration is NOT required in Illinois						
15. D-1 EXEMPT INTERSTATE CAB CARDS (1 for each bingo stamp)					\$1.00	
16. INTENTIONALLY LEFT BLANK						
17. TOTAL REMITTANCE (add lines 11-16). Make Check payable to Illinois Commerce Commission (U.S. Funds Only).						

18. Certifying Statement and Signature. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. Signature below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount. A power of attorney form is required with a processing agent signature.

Authorized Signature: _____ Position Title: _____ Date: _____

- Item 1. Self Explanatory.
- Item 2. Sole Proprietorship: Federal Employee Identification Number (FEIN). If the applicant is not required to have a FEIN, enter the applicant's social security number.
Partnership: Partnerships Federal Employee Identification Number (FEIN).
Corporation: Corporation's Federal Employee Identification Number (FEIN).
- Item 3. Stamp mail to address. This space may be used for a P.O. box or terminal address.
- Items 4-6. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent; re-mailing service or terminal addresses in this space.
- Item 7. Business telephone number.
- Item 8. If permanent business address has changed; check "yes" in the box provided, and draw a line through incorrect information and enter the correct information next to or above the incorrect information.
- Item 9. For partnerships and corporations: Enter name and title of each partner or corporate office. Attach additional pages if necessary.
- Item 10. Enter (1) U.S. Department of Transportation Census number and (2): your insurance company name and personal (bodily injury) liability and property damage policy number an:
- Item 11. Interstate: Enter quantity of stamps. Multiply quantity by-unit cost for total: -.
- Item 12. Intrastate: Enter quantity of stamps. Multiply quantity by unit cost for total.
- Item 13. Intentionally left blank
- Item 14. If you are re-registering, you must enter your old Illinois motor carrier number in the space provided in the upper right-hand corner of the form.
- Item 15. If you are ordering exempt (bingo) interstate stamps, you must have a D-1 cab card for each EXEMPT INTERSTATE stamp purchased.
- Item 16. Intentionally left blank.
- Item 17. Add totals in lines 11-16 anti enter total remittance, Make checks payable to Illinois Commerce Commission.
- Item 18. Read certifying statement. Sign application, enter your position/title and the date. A power of attorney is required if an agent signs the application.